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ABSTRACT

Loneliness is experienced by nearly everyone, although its frequency and intensity vary widely. Existential loneliness may derive from the universal experience of separation from the mother in leaving the womb; it is an intrinsic and organic reality of each life. The other kind of loneliness comes from self-rejection and self-alienation from society and appears to be related to depression. The latter may lead to aberrant or self-destructive behavior such as drug abuse, but rarely to aggressive or anti-social behavior. There is some evidence that the ability to deal with loneliness is related to the experience of having been alone as a child in the presence of one parent, usually the mother. Without this experience, the capacity to confront loneliness is arrested; with it, a supportive environment is built into the personality. For the psychotherapist, each aspect of loneliness offers a special challenge. Psychoanalysis, behavior modification, and cognitive psychology may be used by therapists to help their patients cope with loneliness. The goal of therapy is to provide options for patients experiencing unwanted, prolonged loneliness. (Author/ABL)

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LONELINESS, THE HUMAN CONDITION, AND PSYCHOTHERAPY

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ABSTRACT

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Aphrodite Clamar, Ph.D.

Loneliness is experienced by nearly everyone, although its frequency and intensity vary widely. Existential loneliness may derive from the universal experience of separation from the mother in leaving the womb; it is an intrinsic and organic reality of each life. The other kind of loneliness comes from self-rejection and self-alienation from society and appears to be related to depression. The latter may lead to aberrant or self-destrictive behavior such as drug abuse, but rarely to aggressive or anti-social behavior.

There is some evidence that the ability to deal with loneliness is related to the experience of having been alone as a child in the presence of one parent, usually the mother. Without this experience, the capacity to confront loneliness is arrested; with it, a supportive environment is built into the personality.

For the psychotherapist, each aspect of loneliness offers a special challenge. This paper considers some of the ways that therapists may help their patients cope with their loneliness.

LONELINESS, THE HUMAN CONDITION, AND PSYCHOTHERAPY

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Everyone is an authority on loneliness. Indeed, when I mentioned to colleagues and friends that I was writing a paper on loneliness, they spontaneously provided me with vivid anecdotes about their experiences with loneliness -- usually followed by a shopping list of techniques for short-circuiting, if not successfully avoiding, this dreaded feeling. It would seem that we are all authorities on -- and first-hand victims of -- loneliness.

Yet loneliness is as varied and peculiar as those who suffer from it. Its role in our lives has been acknowledged at least since the time of Aristotle(1), who noted that "no one would choose the whole world on condition of being alone, since man is a political creature and one whose nature is to live with others." Philosophers, poets, mystics, artists and religionists have since enlarged upon our understanding of loneliness and furthered Aristotle's hypothesis that we are, by instinct and temperament, herd animals alternately looking for and fleeing from our herd.

Overcoming loneliness may be described as the first emotional need any of us feel, as separateness replaces symbiosis with the severance of

the umbilical cord at birth. Is it any wonder that separateness is frightening? Or that the anxiety of loneliness should be related to the fear of death? Freud(2) asserts that anxiety is fundamentally connected with helplessness in the infant caused by the realization of the mother's absence and fear that she may never return -- and that biological death will follow if she stays away.

Ernest Becker(3) proposes that "man is unique in the animal kingdom because he has the richest interior life -- and this is where authentic loneliness emerges.... Man is placed in the peculiar position of having to make connection with his inner self." Yet validation is dependent on others: parents, friends, lovers, spouses, colleagues, shopkeepers, therapists, society as a whole. The essential conflict each of us faces is to conform and be like others (and therefore "to belong"), or to be different, to follow our own star and march to a different drummer and thus run the risk of being an outsider, with its attendant loneliness. Yet, Becker says, even the conformist is alone; loneliness is an inescapable part of life, regardless of whether one chooses to "belong" or be "outside." Those who are conformists experience the pain of failing to fulfill themselves -- of compromising their capacity to individuate in return for the protection of the group, with the result that they may become alienated from themselves. Non-conformists, while remaining true to themselves, are likely to be alienated from the larger community.

Whatever the existential roots of loneliness, modern cognitive

psychologists deal with it as a phenomenon of everyday life. How we unconsciously process our perceptions, they tell us, is what determines whether we see ourselves as lonely or not. According to this view, it is the images we have of ourselves and the world around us that get us through each day, each experience, each challenge of our life. To make these images complete, we assign an impressive variety of feelings to them; to avoid anxiety we close off crucial portions of awareness, creating blind spots.(4) Crucial decisions as to what should and should not enter awareness are made in the unconscious mind. Thus, self-awareness brings with it the capacity for self-deception. Every act of perception becomes an act of selection, the unconscious mind piloting the conscious mind. This faculty for self-deception can be mobilized to protect us from anxiety; it can at the same time make us ignorant of information that might change our perceptions.

Goswick and Jones(5), investigating the relationship among loneliness, self-concept and adjustment, hypothesized that lonely people think poorly of themselves, expect rejection from others and fail to capitalize on interpersonal opportunities that might, if realized, alleviate feelings of loneliness. Earlier studies had indicated that college students who describe themselves as lonely have as much social contact with others as students who do not see themselves as lonely. Goswick and Jones confirmed these findings, reporting that lonely people are likely to disregard positive evidence concerning

their physical, personal and social attributes and tend to focus on their own feelings and reactions and less on those of others. Loneliness, then, would seem to have less to do with objective characteristics than with people's perceptions and evaluations of reality.

Certainly loneliness, especially the fear of it, can have significant personal and social consequences. Eric Fromm(6) suggests that as society increasingly encourages autonomy, its citizens become more cognizant of being alone. Experiencing the freedom of individual moral and personal responsibility becomes so frightening that merger with social, political or religious movements that think and feel for you becomes increasingly attractive. The escape from freedom is thus motivated by the fear of loneliness as a concomitant of autonomy.

It would seem paradoxical that such movements should rise at the very time in our social history when we prize individuality and "being our own person" -- and at a time in our history when women's rights are finally being acknowledged and implemented. In fact, Fromm seems to be telling us, the abandonment of autonomy, the transfer of responsibility to a charismatic leader and the merger of the individual into the mass are a direct response to the possibility of freedom.

David Riesman et al.(7) identified loneliness as "one of the most powerful forces that now shape modern life." Americans, he wrote, immerse themselves in crowds because they cannot cope with the loneliness that comes with autonomy.

Certainly loneliness, and the fear of it, can have far-reaching personal and social consequences. Clinical experience indicates that severe, unresolved loneliness aggravates personal problems, exacerbates stress-reactions and can induce pathological behavior. Excessive and compulsive use of drugs, alcohol and food, for example, may be a way of escaping loneliness. At the same time, compulsiveness can lead to artistic and creative productivity, but at high personal cost, including the destruction of families and the inability to experience intimacy.

One artist who knew loneliness and described it in poetic terms was the novelist Thomas Wolfe.(8) In his preface to Look Homeward, Angel, he wrote: "Naked and alone we came into exile. In her dark womb we did not know our mother's face, from the prison of her flesh we have come into the unspeakable and incommunicable prism of this earth. Which of us has not remained forever prison-bent? Which of us is not forever a stranger and alone?"

Wolfe, a major figure in American literature of the 20th century, was able to transmute his loneliness into artistic expression. He dealt with the often-overpowering feelings of loneliness he knew by infusing it with his great gift for language. For the rest of us, according to Winnicott(9), the ability to deal with loneliness is related to the experience of having been alone as a child in the presence of the mother or father. Without this experience, the capacity to confront loneliness becomes arrested. With it, a supportive

environment is built into the personality. Intra-psychically, someone is always present, and the residue of experience with the parent who "temporarily identified with her infant and for the time being was interested in nothing else but the care of her infant" enables the child to sustain loneliness as he or she grows into adulthood.

Thus, Winnicott asserts, the ability to be comfortable when alone requires the experience of having been alone in the mother's presence in childhood. From the therapeutic point of view the outlook is dismal. Too few of America's busy households today build in the kind of quiet time that creates the opportunity for parent and child to be alone with each other, free of the frantic drivenness of activities, TV, music and other diversions.

If the experience of intimacy deriving from the interaction of parent and child together, one on one, helps the child deal with loneliness as an adult, it is also true that parents often plant the seeds of loneliness in their children. They do so by denying the special and personal needs of each individual child, by identifying warmth as weakness and intimacy as vulnerability. Particularly in families that identify secrecy, stoicism and control of feelings with strength, the possibility of intimacy (which requires self-exposure and openness) is reduced, and loneliness ensues. Equally harmful are parents who discourage their children from becoming separate individuals, and instead parasitically attach themselves to their offspring, using them as a source for their own psychic nourishment.

Loneliness thus has many roots, among them contemporary patterns of socialization that place greater value on social popularity than personal integrity; a rate of divorce and remarriage that makes increasingly difficult the binding of parent and child that most psychologists regard as vital to the development of the healthy personality; and the electronic revolution that substitutes the video screen for the human face as the point of one-on-one contact for growing numbers of Americans.

What about people who appear to choose solitude as a way of life, who seem to want to be alone, living in secluded, remote areas or working in one-woman, one-man businesses? We know very little about people who appear to be rarely affected by loneliness -- indeed, who embrace the solitary life. Are they distant and cool or merely shallow? Or just more self-sufficient than the rest of us? No one would accuse them of being gregarious, but are the attachments they make insubstantial? Or, as Ferreira[10] argues, does the secret lie in their successful integration and sublimation of infantile fears and needs? Perhaps the differences in the capacity to deal with loneliness lie not only in childhood but in our genes. The literature casts little light on the subject; all we can do is speculate.

In this vein, we might also speculate about character types and ways of life that are likely to attract some people to situations that lead to loneliness. Is there a personality-type variable that leads to loneliness? Or is it another form of depression? If loneliness is related to loss in one's early years, does that kind of deprivation make one more likely to suffer

loneliness or to manage it? Are there long-term physical effects of loneliness as there are of depression? We have studied the long-term physiological and social effects of stress, but not of loneliness. How do the interpersonal relationships of those who complain of loneliness differ from those who report a more satisfactory social life? Are friendships deeper, if fewer, among the lonely? Or is loneliness a word describing the inability to develop and sustain friendships or other emotional attachments?

Finally, how can patients overcome loneliness? There is a whole race of cute and cuddly, plush animals for adults that promise warmth and companionship; do they really help or do they inhibit the lonely from developing relationships with real people? Live pets are a growth industry that provide young and old with soft fur and a warm nose to nuzzle; can a pet really be a pal? Telephone hot-lines are busier than ever; personal ads are taking up more and more pages of newspapers and magazines; are they a legitimate way of breaking out of loneliness? Or should we just admit that anything that seems to lend comfort to a lonely person is acceptable? On the other hand, can we responsibly condone frantic sex, impulsive marriage and quickie divorces as legitimate attempts to fill the void any more than the abuse of drugs, alcohol and food? None of these seems to offer anything more than temporary relief, inevitably followed by the kind of frustration that is accompanied by devastating effects -- more devastating than loneliness itself.

* * *

What, then, do we do for the lonely patient who seeks professional help in overcoming this condition?

In addressing this question, the practitioner needs to define and differentiate the type of loneliness the patient is manifesting and tailor the treatment to fit the specifics of the patient's symptoms. Interventions may range from referral to a networking group to extensive psychoanalytic psychotherapy, depending on etiology and diagnostic assessment.

For example, is the patient describing the existential loneliness that is an inevitable part of being human, and that comes with knowledge of the transitory nature of life? Such loneliness is often accompanied by pain and despair; yet even here, it is possible to help the patient assimilate reality and sublimate sadness, leading to growth and change.

Is the patient describing the loneliness of the emotional isolation that follows the loss of a key attachment -- as in widowhood, divorce, death of a close friend or the end of a love affair? In treating this kind of loneliness, the therapist must often direct attention to the resolution of the patient's grief. Only then can new social relationships be considered and tried. An attendant and complicating variable may be the feelings of social inadequacy and insecurity that invariably follow such disruptive changes. The lonely patient's self-esteem becomes a critical focus of the therapist's attention. An additional factor, for some patients, may be the disconcerting experience of being suddenly and unexpectedly unattached and therefore keenly cognizant of the loneliness that accompanies the single status. For other patients, the therapist can often be helpful by directing them to career counselling, or social groups of persons in similar circumstances, such as Parents Without Partners.

Yet another group of patients are those who describe the long-term alienation from family and from friends that we associate with chronic loneliness. (This stands in sharp contrast to the transient loneliness that almost all people experience from time to time, and for which, over the years most people developed coping techniques.) In chronic loneliness, feelings of self-rejection play an important role, often reflected in the difference between what patients describe themselves to be and what they say they want to be. In such cases, the therapist will help the patient set specific social goals capable of achievement. As the goals are set and accomplished, a sense of mastery and control is developed in the patient, leading to new feelings that replace marginality, isolation and self-deprecation with integration, feeling of belonging and higher self-esteem.

Fromm-Reichman[11] learned from her schizophrenic patients that severe loneliness in its quintessential form is inconceivable to others and cannot be shared by empathy. There are limits to our ability to approximate another person's feeling state, although as trained therapists we may be reluctant to admit this even to ourselves. It may be difficult therefore for therapists to empathize with their lonely patients -- even with those who are relatively well-adjusted and who experience situational or transient loneliness. Since therapists may also share their patients' fear or experience of loneliness, one might speculate that there could develop a tacit conspiracy between patient and therapst to avoid loneliness issues or to misdiagnose loneliness as anxiety or depression, symptoms with which most clinicians are more comfortable.

Then, too, a patient's complaint of loneliness is heard in different ways by the therapist. Therapists with satisfactory personal

lives are more likely to be clear about the separateness that exists between them and their patients. Their own therapy and/or the training analysis they may have undergone has not prevented lonely therapists from becoming sexually and emotionally involved with patients, presumably as a reaction to the sadness and isolation they experience in their own lives and work.

Another problem in treating the lonely patient is the importance that the therapist assumes for the patient. The very intensity of the patient's feelings toward the therapist may prompt the therapist to neutralize it by disavowing its importance. With some particularly isolated patients, the therapist may temporarily serve as their main socializing link -- leading to an illusion of a fusion and a subsequent blurring of the necessary separateness between therapist and patient. While this may initially be seductively pleasing to the therapist, it is likely to become a handicap and burden the process of therapy. Patients who value their therapists too highly and uncritically may not find the strength of personality to ultimately create social relationships of their own. Developing such strengths is the legitimate goal of therapy, but if the therapist's own loneliness becomes too powerful a factor in the treatment process, both will suffer.

Therapists dealing with loneliness will also want to assess their patients' history of loneliness (chronic, situational, existential); the emotions they associate with loneliness (anger, rage, sadness, despondency, etc.); the thoughts they associate with loneliness (beliefs about its causes, cognitive distortions, suicide thoughts); level of self-esteem, social skills and techniques for coping with loneliness (overeating, substance abuse, etc.); and signs of co-existing clinical

disorders (anxiety or depression). While each patient may experience varying degrees of these feelings, the one feature all victims of loneliness share is that they keenly experience a deficit in their social relations -- a painful isolation from others.

For the therapist, each of these aspects of loneliness presents a different kind of challenge. Certainly the diversity of factors that lead to loneliness should be matched by an equally diverse use of intervention strategies, although it should be noted that there are no systematic therapies solely intended for the treatment of loneliness.

Weiss[12] succinctly summarizes the treatment situation when he says: "I can offer no method for ending loneliness other than the formation of new relationships that might repair the deficit responsible for the loneliness. And I think this solution ordinarily is not easy. If it were, there would be fewer lonely people."

A creative use of well-established techniques might be considered. For example, loneliness as depression might be treated with the techniques of insight-oriented psychoanalytic psychotherapy -- strengthening the ego and modifying pathological instinctual drives, among other objectives. Behavior modification methods may be effective in reducing or eliminating aberrent self-destructive behavior of lonely patients. Cognitive psychology might be effective in helping patients see themselves and the world around them in a way that gives them a more accurate reading of the way others regard them -- and thus a greater sense of autonomy over their lives.

For those lonely patients who did not have the opportunity of time to be alone with their mothers when they were small children, a more classical psychoanalytic approach, with its emphasis on analyzing

transference, might prove useful.

Finally, lonely patients might be encouraged to develop enjoyable solitary activities -- no easy task in a society where the norm is the couple or the group. Love relationships are regarded by many patients as the one desirable "cure" for loneliness. Yet, as more and more men and women -- not all of them patients in therapy -- drift in and out of love and move from one relationship to another, often the best thing a therapist can do for patients is to help them see themselves as persons with whom they can enjoy spending time, rather than looking to outsiders for a solution to their problems. Here the focus is on intrinsic rather than extrinsic solutions.

The goal of therapy cannot be to eliminate loneliness -- an impossible task -- but to provide greater options for those patients who experience unwanted and prolonged loneliness. Once this principle is understood by patient and therapist alike, genuine progress can begin.

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